



SPECIAL EVENT - PUBLIC PROPERTY USER APPLICATION & AGREEMENT

SW
1/28

DIRECTIONS

Step One:

- If this request involves closing a street
Contact Lafayette Police – Special Operations Division / 765-807-1272
- If this request involves renting the Big Four Depot - Community Room
Contact Facilities Department for availability / 765-807-1323

Step Two:

- Complete and submit this application to Lafayette Clerk's Office
City Hall, 2nd floor, 20 N 6th Street, Lafayette, IN / 765-807-1021



Do not use for
contractor
vehicle permit

User Information

5/2, 6/21, 7/12, 8/29,
Date of Function: _____

Time: From: different times, doc attached am/pm to: _____ am/pm

Name: Anita Trent Organization: Be Moved Power Yoga

Street Address: 3451 Wyndham Way, Suite B

City: West Lafayette State: IN Zip Code: 47906

Contact person(s): Anita Trent Phone Number(s): 765.490.8877

Email: anitaftrent@gmail.com

Event Description: Yoga on the bridge (4 year! :))

Caterer: X Caterer's Phone Number: _____

This event will utilize the following venues (check all that apply):

- ☐ Big 4 Depot - Community Room ☐ Riehle Plaza ☒ John T. Myers Bridge
☐ City Right-of-way ☐ City Street ☐ Sidewalk ☐ Other _____

This event will include the following elements (check all that apply):

Anticipated Attendance: 100 at each event date

- ☐ Street/Sidewalk/Right-of-way restriction or closure ☐ Food or Beverages
☐ Restroom Facilities (required for events 4+ hours) ☐ Tents/Canopies
☐ Alcohol (security is required) ☐ Security (required when serving alcohol)

Not sure if you need an A&E Permit? Go to:

☐ Amusement & Entertainment Permit # _____ <http://www.in.gov/dhs/2795.htm>

☐ Stage ☐ Fireworks ☐ Outdoor cooker/grill ☐ Other _____

Optional Equipment & Services:

☐ Traffic Control: barricades, **No Parking** signs, \$25

Timetable (Minimum # of days. Advanced planning is encouraged; sequence remains the same)

	0	7 days	14 days	21 days			42 days
	Pre-planning		Notices	Event Preparation			Event
Begin	1st week	2nd week	3rd week	4th week	5th week	6th week	
	First contact	Submit Application Pre-event Meeting	Contact Neighbors prior to Board of Works Hearing	Board of Works Public Hearing & Approval			Date of Event

Application submittal checklist

- ☒ Application
- ☐ Pre-event meeting (if required)
- ☐ Good Neighbor letter to neighboring properties (send out prior to Board of Works hearing)
- ☒ Letter of request to Board of Works (omit if only using Big Four Depot community room)
- ☒ Receipt – payment made to City of Lafayette
 - Damage Deposit: \$ _____ (required only when renting Depot)
 - Permit Fee: \$ 25 (fee waived when renting Depot)
 - Rental Fee: \$ _____
 - Equipment & Services: \$ _____ (optional)
- ☒ Certificate of Insurance
- ☐ Amusement & Entertainment Permit # _____
Not sure if you need an A&E Permit? Want more information? Go to:
<http://www.in.gov/dhs/2795.htm> and see definition of A&E Permit in **Rule and Regulations** instructions found at the same link as the **Special Event Application**
- ☐ Traffic Control / Public Safety / Emergency Plan
- ☒ User Agreement
- ☒ Board of Public Works and Safety meeting (if required)

USER AGREEMENT:

INDEMNIFICATION AND RELEASE. In consideration of being permitted the use of the venue(s) indicated above on this document (the "Property"), which Property is owned by the City of Lafayette, User as indicated below, for User and User's legal representatives, successors, and assigns, hereby releases waives and discharges the City of Lafayette, its officers, departments and employees and of them (herein collectively, "City") from all liability to User and User's officers, members, legal representatives, successors, invitees and assigns (herein collectively "User") from any and all loss or damage, and any claim of damages resulting therefore, on account of injury to persons or property arising out of possession or use of the Property, whether caused by the negligence of City, or any of them, or otherwise, resulting during the time the User is entitled to occupy and use the Property. User shall exercise the privileges under this Agreement at User's own risk, and irrespective of any negligence of City, User shall indemnify and hold City harmless from any and all liability for all damages, costs, losses and expenses resulting from, arising out of, or in any way connected with User's use and possession of the Property, including attorney fees incurred by City in defending any action arising out of User's possession or use of the Property, whether caused by negligence of the City, or any of them, or otherwise. City shall not be liable to User for any reason whatever User's occupation or use of the Property shall be hindered or disturbed. User agrees that User has made inspection of the Property and is not relying upon any representations of City or any of them as to the condition of state of repair of the Property or to its suitability for any particular purpose. This release, waiver, and indemnification is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have read the above Indemnification and Release and the Policy and Rules governing the use of any public property, city street, sidewalk or public property within the city's right-of-way, the James F. Riehle Plaza, Big Four Community Room, and John T. Myers Main Street Pedestrian Bridge. I agree on my own behalf, and on behalf of the group or organization I am authorized to represent, to such Indemnification and Release and to follow such Rules and Regulations which are incorporated and made a part of this user agreement.

"Lafayette Board of Works"

By: _____

"User"

By: Anita L. Trent
Signature

Printed: Anita Trent

Date: 1-13-2020

Mindy Miller

From: Anita Trent <anitaftrent@gmail.com>
Sent: Tuesday, January 14, 2020 5:05 PM
To: Mindy Miller
Subject: Yoga on the John T Meyer Bridge 2020

Dear City Officials of Lafayette,

It is my pleasure to write to you and request your approval for Be Moved Power Yoga's fourth year of Yoga on the Bridge! The Lafayette Parks Department has temporarily approved the following days pending your approval.

May 2 @12:00 noon
June 21 International Day of Yoga
Times include
6:30 am
12:00 noon
5:30
7:30
July 12 @7:00 p.m.
August 29 @12:00 noon

Yoga on the Bridge allows us the opportunity to share the gift of yoga through a light-hearted community venue that is welcoming and FREE. The biggest "WHY" behind why we started Bridge Yoga was to go beyond the wall of the studio to serve. Our style of yoga, Baptiste Yoga, is rooted in "what's possible" in being for others in our local communities. Susie Schul, co-owner and I love to arrive at the bridge events and watch people gather from both sides of the bridge. For us, it symbolizes two great cities coming together as Greater Lafayette!

Yoga is a transformative practice that we wish to share. Thank you so very much for the opportunity to have a presence on the bridge in 2020! Please consider this your personal invitation to attend one or all the events if approved! Also please consider allowing Susie and myself to make an impact in your space - meet you where you are with the gift of yoga! First Responders are in need of a healing physical practice and meditation. We would be happy to step into your space at no cost.

Be Moved Power Yoga A Baptiste Affiliate Studio
3451 Wyndham Way suite B
West Lafayette, Indiana 47906
www.bemovedpoweryoga.org
anita@bemovedpoweryoga.com
Anita Trent 765.490.8877

Thank you for your time and consideration.

Best regards,

Anita Trent, co-owner of Be Moved Power Yoga, along with Susie Schul



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/17/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Harrell & Kline Insurance 2826 Theater Ave. Huntington, IN 46750	CONTACT NAME: Robert W. Gonser PHONE (A/C No. Ext): 260-358-1792 FAX (A/C No): 260-358-1795 E-MAIL ADDRESS: rwgonser@harrellin.com	
INSURED BE MOVED POWER YOGA, LLC 3451 WYNDHAM WAY STE C WEST LAFAYETTE, IN 47906	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: WEST BEND MUTUAL INSURANCE	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

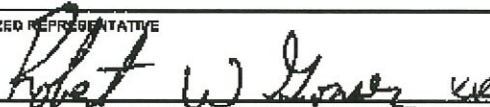
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR: WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		A237495	02/01/2020	02/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in IN) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

INCLUDES ALL YOGA ACTIVITY

CERTIFICATE HOLDER

CANCELLATION

CITY OF LAFAYETTE 20 N. 6TH STREET LAFAYETTE, IN 47901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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MISCELLANEOUS PAYMENT RECPT#: 1978149
City of Lafayette, IN
20 N 6th St
Lafayette IN 47901

DATE: 01/14/20 TIME: 14:51
CLERK: mmiller DEPT:
CUSTOMER#: 999
MISC CUSTOMER
COMMENT: YOGA ON THE BRIDGE

CHARGES:

APG1	APPLICATION FEE	25.00
BANE	BANNER INSTALLM	50.00
AMOUNT PAID:		75.00

PAID BY: ANITA TRENT
PAYMENT METH: CREDIT CARD
V#9481 EX 1021
REFERENCE:

AMT TENDERED:	75.00
AMT APPLIED:	75.00
CHANGE:	.00